DOCUMENT RESUME

ED 457 454 CG 031 223

AUTHOR Golson, Robin Molnar
TITLE Review of the Literature Regarding HIV Risk in the Hispanic Community.
PUB DATE 2001-08-00
NOTE 60p.; Doctoral Research Paper, Biola University.
PUB TYPE Dissertations/Theses (040)
EDRS PRICE EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Acquired Immune Deficiency Syndrome; At Risk Persons; *Contraception; *Health Education; *Hispanic Americans; Literature Reviews; Low Income Groups; Public Health; Sexuality
IDENTIFIERS Condoms; Sexually Transmitted Diseases

ABSTRACT

The Hispanic community has experienced an increased occurrence in the number of HIV cases. Five premises are suggested as the means to examine the increasing rate of HIV among Hispanics. They focus on condom use; income and education levels; secondary sexual partners among Hispanic males; traditional gender roles; and outreach efforts. The premises that Hispanic men do not use condoms and that lower income, less educated Hispanics are at higher risk for HIV were supported by the research. This literature review confirms the premise that Hispanic women are at high risk due to the sexual practices of their mates. Also supported is the notion that traditional gender roles and stereotypes contribute to the spread of HIV. Despite limitations in sampling, assessment measures, and other variables, this review of the literature gathered several suggestions for future research. Information is needed on whether finances play a part in the lack of HIV information. Empowering women to encourage condom use could decrease the HIV risk. Outreach programs need to be a primary focus of research and of community intervention. (Contains 21 references.) (JDM)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 457 454

REVIEW OF THE LITERATURE REGARDING HIV RISK IN THE HISPANIC COMMUNITY

A Doctoral Research Paper

Presented to

the Faculty of the Rosemead School of Psychology

Biola University

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Psychology

---

by

Robin Molnar Golson

August, 2001

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☒ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

R Golson

2A

BEST COPY AVAILABLE

CG031223

ABSTRACT

REVEIW OF THE LITERATURE REGARDING

HIV RISK IN THE HISPANIC COMMUNITY

by

Robin Molnar Golson

The Hispanic Community has been experiencing a rapid increase in HIV infection rate. Current research has attempted to address this phenomenon by examining factors such as condom use, income and education levels, secondary sexual partners among Hispanic males, traditional gender roles, and outreach through various mediums. Despite limitations in sampling, assessment measures, and other extraneous variables, a review of the literature proves informative and provocative.

REVIEW OF THE LITERATURE REGARDING

HIV RISK IN THE HISPANIC COMMUNITY

by

Robin Molnar Golson

APPROVED:

Joan Jones, PsyD Date 7-20-01

Joan Jones, PsyD

J. William Worden Date 7-23-01

J. William Worden, PhD

APPROVED:

Patricia L. Pike, PhD

7/20/01

Date

Copyright © 2001 by Robin Molnar Golson

TABLE OF CONTENTS

DOCTORAL RESEARCH PAPER PAGE

Introduction.....1

Methodological Considerations.....6

Terminology.....7

Procedures.....8

Interpretation of the Five Premises.....10

Premise 1.....11

Reiss and Leik (1989).....11

VanOss Marin, Gomez, and Tschann (1993).....12

VanOss Marin, Tschann, Gomez, and Kegeles (1993).....14

Steers, Elliot, Nemiro, Ditman, and Oskamp (1996).....15

Bogart, Cecil, and Pinkerton (2000).....17

Summary of Premise 1.....19

Premise 2.....19

Flaskerud, Uman, Lara, Romero, and Taka (1996).....20

Vargas Carmona, Romero, and Burns Loeb (1999).....22

Steers, Elliot, Nemiro, Ditman, and Oskamp (1996).....24

Summary of Premise 2.....24

Premise 3.....25

Wyatt, Forge, and Guthrie (1998).....25

PAGE

Sabogal and Catania (1996)....27

VanOss Marin, Gomez, and Tschann (1993)....29

Flaskerud, Uman, Lara, Romero, and Taka (1996)....30

Mason, Marks, Simoini, Ruiz, and Richardson (1995)....32

Summary of Premise 3....35

Premise 4....36

VanOss Marin, Gomez, Tschann, and Gregorich (1997)....36

Scott, Jorgensen, and Suarez (1998)....37

Gomez and VanOss Marin (1996)....39

Summary of Premise 4....41

Premise 5....41

Wolitski, Bensely, Corby, Fishbein, and Galavotti (1996)....42

Scott, Jorgensen, and Suarez (1998)....44

Stein, Nyamathi, & Kington, (1997)....45

Summary of Premise 5....46

Conclusion....47

REFERENCES....51

REVIEW OF THE LITERATURE REGARDING HIV RISK IN THE HISPANIC COMMUNITY

Introduction

AIDS prevention planning is a complex undertaking with multiple factors for various populations. One population that is experiencing a rapid increase in infection rate is the Hispanic community of the United States. Because this group is in desperate need of culturally appropriate interventions, this paper will focus on the risk factors that make them particularly vulnerable.

Today AIDS is a household word, but this was not always the case. In the early 80s, physicians in New York and San Francisco were witnessing an increasing number of men dying from unknown causes. In Los Angeles five men were diagnosed with Pneumocystis carinii pneumonia (PCP), while in New York there were eight men diagnosed with Kaposi's sarcoma (KS) (Cohen, 1987). When examined, it was noted that these men should have had adequately healthy immune systems to fight these illnesses. Instead, the result was deteriorating health, ending in death.

Looking for answers, doctors discovered that a common characteristic among these men was their participation in homosexual activity (Centers for Disease Control, 1981). The Centers for Disease Control (CDC) then launched an

investigation, for this "plague" had begun to spread rapidly. The number of men infected by this illness went from the first 13 cases reported in the spring of 1981, to 129 cases the following September, to 259 cases in January of 1982, to 514 cases in July of 1982 (Cohen, 1987). Because nearly all of those afflicted with this disease were homosexual or bisexual, this illness was termed GRID, or Gay Related Immune Deficiency. CDC investigations focused on homosexual practices that suppressed the immune system, such as the use of uppers and/or other incidents of sexually transmitted diseases.

Soon other groups such as Haitians, intravenous drug users, and hemophiliacs were discovered to have this illness. Physicians recognized that this was not exclusively a homosexual disease, therefore they changed the name to AIDS, or acquired immune deficiency syndrome. Further study revealed that this condition was caused by a virus termed the human immunodeficiency virus (HIV). From that point a test was developed to screen for the HIV virus. Once such a screening method was developed, contaminated blood was ruled inappropriate for transfusion, thus protecting hemophiliacs and other patients in need of blood.

With a method to test for the virus, physicians began to realize how widespread AIDS had become. In 1992 the World Heath Organization (WHO) estimated that at least one million Americans were infected with HIV at that time (World Health Organization, 1992). Since 1995, according to the Center for Disease Control and Prevention, AIDS has been the leading cause of death among men and

women between the ages of 25 and 34 in the United States (Centers for Disease Control, 1995).

Contrary to popular opinion in the early 80s, HIV does not choose its victims. It does not discriminate on the basis of skin color, gender, ethnicity, religion, age, socioeconomic status, education, or sexual orientation. HIV will strike anyone who places themselves at risk, whether they understand the risks or not. One particular group that has proven to be at risk is the Hispanic community. Recent statistics have shown that Hispanics are over represented in the AIDS epidemic. Hispanics make up only 9% of the United States population, yet comprise 17% of reported AIDS cases (CDC, 1995). According to the CDC the AIDS incidence rate is two and a half times higher for Hispanic males than for Caucasian males (CDC, 1995). Of the 71,818 cases of female AIDS through 1995, 20.5% were reported by Hispanic women, and 23.4% of 6948 cases of pediatric AIDS were Hispanic children (Centers for Disease Control, 1995). These staggering statistics indicate a problem in AIDS risk and may indicate a failure in current prevention methods within the Hispanic community.

In attempts to address the AIDS/HIV crisis within the Hispanic community, Carrier and Magana (1991) tested HIV prevention plans at the Orange County Health Care Agency. From their work with at-risk Hispanics, Carrier and Magana (1991) developed a profile of the typical Mexican male in need of AIDS prevention services in Orange County. They described this Mexican male as either American born or Mexican born. He is typically a laborer and lives in the Mexican

barrios of north central Orange County. He may have left his wife or girlfriend behind in Mexico or may be single. Because his work keeps him in contact with males, and he does not go to public places to meet women, he may look to a prostitute for sexual satisfaction. Most of these prostitutes are Caucasian women who are HIV positive due to their IV drug using/needle sharing practices. Prostitutes often go to the barrios looking for work. The Mexican males usually ask for vaginal intercourse and occasionally ask for oral sex. Typically, the male does not use a condom for fear of being rejected by the prostitute who may suspect he has a disease if he uses a condom. The prostitute does not request condom use for fear of losing business. Increasing the risk, the prostitute often practices serial intercourse, going from one man to another to another. A male client not only comes in contact with her bodily fluids, but also with the semen of the men before him (Carrier & Magana, 1991). He may then return to his wife or girlfriend in Mexico, placing her at risk as well.

A second high-risk scenario discussed by Carrier and Magana (1991) is the homosexual behavior in the Mexican community. Latino men who engage in homosexual activity account for the second largest percentage of AIDS cases in Orange County (12%). There are two distinct types of homosexual behavior in the Mexican community: the anal insertive act and the anal receptive act (Carrier & Magana, 1991). According to the Mexican culture, the man who assumes the anal receptive role is considered homosexual while the man who assumes the anal insertive role is not necessarily considered homosexual. Often sexual contact

between men is justified by the "Machismo" attitude that entitles Mexican men to sexual pleasure regardless of its origin. This Machismo attitude ironically also attaches a stigma to male-to-male sexual contact. This stigma often prevents men from admitting to their sexual experiences with other men. These men then go back to their wives or girlfriends and engage in sexual activity without informing them of their male sexual contact. This places the wives and/or girlfriends at risk without their awareness.

Carrier and Magana (1991) also wrote about Mexican cultural values that inhibit talk about sexual activity and contraception. Carrier and Magana (1991) stress the importance of outreach and prevention methods that address these culture-specific concerns. In their efforts to accommodate the cultural issues of the Mexican males, they distributed "fotonovelas" which contained the HIV prevention message in a photo/comic strip style pamphlet. Because fotonovelas are popular in Mexico, Carrier and Magana hypothesized that this would be a non-threatening and familiar way to communicate.

In their intervention program in Orange County they sought to target the Mexican laborer as described above (Carrier & Magana, 1991). Although this is only one model, it is important to consider the issues addressed by Carrier and Magana. It would be foolish to assume that all Hispanics share the same profile as the Mexican laborers in Orange County, but some basic premises can be extrapolated from the two at-risk scenarios.

The five basic premises of Carrier and Magana's two scenarios (1991) are as follows: (1) Hispanic men do not use condoms due to their attitudes toward this form of STD prevention, (2) lower income, less educated Hispanics are at higher HIV risk, (3) a Hispanic woman is at high risk due to the sexual experiences of her significant other outside of the relationship, (4) Hispanic adherence to specific gender role beliefs, including the Machismo attitude, is a contributing factor in the HIV crisis, and (5) outreach programs should be based on increasing literature circulation containing the HIV prevention message. These five premises as concluded from the work of Carrier and Magana will be the basis of the following literature review. They will be examined and either validated or considered unsubstantiated by the current literature. Viewing the current literature through the lenses of these five premises will help determine whether there is generalizability to the information as presented by Carrier and Magana. This process will also inform future intervention methods.

The structure of this paper will include a consideration of methodological issues, an interpretation of the five premises in light of the current literature, and recommendations for further study.

Methodological Considerations

Before examining the literature, it is important to clarify the language that will be used throughout this paper. This section will briefly review the common terms and their definitions as found in the literature. In addition to clarifying the

terms used in the literature, it is important to address the overall strengths and weaknesses of the current body of literature. This section will also highlight general concerns regarding procedures.

Terminology

There was general agreement on terms and their definitions throughout the literature. Inconsistencies were infrequent, but did emerge, and will also be reviewed here. The term "Hispanic" is used throughout the literature. Scott, Jorgensen, and Suarez (1998) defined Hispanic as, "a heterogeneous group of people with differences in nationality and language preference" (p.502). Flaskerud, Uman, Lara, Romero, and Taka (1996) used the term "Hispanic" to mean "Spanish-speaking-surnamed individuals with origins in Latin America," (p.344) including Mexican, Central American, and South American nationalities. Although this ethnic category was used in each study, none of the literature considered the concept of ethnic identity. In other words, a person could be Spanish-speaking and have a Latin American surname, yet consider themselves Caucasian. Also, the idea of mixed ethnicity was not addressed in the literature. Two of the studies did, however, contrast Spanish-speaking with English-speaking Hispanics, considering the impact of language on ethnic identity.

HIV risk is characterized by certain behaviors of an individual. HIV is transmitted through the exchange of human bodily fluids, including blood, semen, vaginal fluids, and urine. When considering the factors of prevention, there are varying degrees of risk and safety. Injection drug users who share needles place

themselves at very high risk of contracting the HIV virus, for this is a direct blood to blood activity. Sexual activity can be broken down into "safe, less safe, and unsafe" categories. The safe activities include solo masturbation, mutual masturbation, dry kissing, use of sexual toys without sharing, hugging, frottage (body rubbing), massage, and light sadomasochism without bleeding or bruising. Included in the less safe category is wet kissing, oral sex with a condom or latex barrier, anal sex with a condom, vaginal sex with a condom, water sports (external), and fisting with gloves. Activities considered unsafe include oral sex without a condom, anal sex without a condom, vaginal sex without a condom, water sports (internal) or broken skin, sharing sex toys, and fisting (Humfleet, 1996).

Being HIV positive is defined as having an HIV blood test result of seropositive, whereas HIV negative is defined as testing negative on an HIV blood test. These definitions are consistent throughout the literature.

For the purposes of this paper, the term "condom" is used to refer to the latex barrier worn by a male during sexual contact. Although one study that is discussed utilizes the female condom, the rest of the literature refers to the male condom when using this term.

Condom self-efficacy is a term used to describe "a measure of the subject's perceived ability to use condoms under difficult circumstances," (VanOss Marin, Gomez, & Tschann, 1993, p.742). This term is consistent throughout the VanOss Marin et al. Studies (Gomez & VanOss Marin, 1996; VanOss Marin, Gomez, &

Tschann, 1993; VanOss Marin, Gomez, Tscchann, & Gregorich, 1997; VanOss Marin, Tschann, Gomez, & Kegeles, 1993) and those that followed, as this concept was adopted by many other researchers in the field.

Procedures

Although each research team made great attempts to reach out to the Hispanic community in order to obtain an appropriate sample to study, there were several concerns about the Hispanic representation. Several studies utilized some form of phone survey or phone outreach. Utilizing phone lists as opposed to choosing participants from various community organizations eliminated the confounding variable inherent in accessing community involvement populations. A sample of Hispanics already receiving services may not represent the underserved Hispanics who are at high risk of contracting HIV/AIDS. On the other hand, the phone subject selection has some flaws as well. Although the numbers were often randomly dialed or computer generated, these numbers were first selected based on the surname of the individual listed in the telephone directory. Not only does this leave out those Hispanics without obviously Spanish surnames, but it neglects those not listed in the phone directory. People who are not listed in the telephone directory either choose to remain unlisted due to privacy reasons or may not have a phone at all. By not including this subgroup, these studies fail to examine the issues of those who are without phones possibly due to financial hardships or even homelessness. This subgroup should be included in HIV/AIDS research, for they may be at higher risk of infection than

other groups. Two of the studies examined in this paper did include samples from the homeless population (Stein, Nyamathi, & Kington, 1997; Wolitski, Bensley, Corby, Fishbein, Galavotti, & the AIDS Community Demonstration Projects, 1996).

One strength of the research was the use of both Spanish and English assessment methods. Each study reviewed here, with the exception of one, gave participants a choice between Spanish and English versions of interviews and/or surveys. Making both languages available to participants for the most part factored out the language barrier variable. Also, allowing participants to communicate in the language with which they were most familiar helped control for results based on comfort/discomfort levels.

One limitation of the research results from the use of several interviews, surveys, and assessment tools with unknown reliability and validity. Without reliable and valid measures, it is difficult to generalize the data or interpret the data with much certainty. It must be noted, however, that the Hispanic HIV/AIDS crisis is a relatively new field of study and does not have standardized measures as of yet. The researchers here are pioneers in their field and have had to construct assessment measures to fit their specific research needs. Although the results of their work should be interpreted with caution, the researchers are breaking new ground and appear to be controlling for as many extraneous variables as possible. This research area is further compounded by the difficulties in reaching the at-risk Hispanic community. Despite these obstacles, the current research is informative and insightful.

Interpretation of the Five Premises

As mentioned above, five premises drawn from Carrier and Magana (1991) will be evaluated through the current literature. These premises include the following: (1) Hispanic men do not use condoms due to their attitude towards this form of STD prevention, (2) lower income, less educated Hispanics are at higher HIV risk than higher income, more educated Hispanics, (3) Hispanic women are at high risk due to their significant other's sexual experiences outside of the relationship, (4) Hispanic adherence to specific gender role beliefs, including the Machismo attitude, is a contributing factor in the HIV crisis, and (5) outreach programs should be based on increasing literature circulation containing the HIV prevention message. Many of the studies that will be examined address more than one of the above premises. In order to avoid repetition of the same material, each study will be reviewed only once and referred to when appropriate.

Premise 1

The first premise concerns attitudes toward condom use among Hispanic men. In Carrier and Magana's (1991) scenario of the Hispanic laborer, the researchers assert that the lack of condom use is a significant factor in the spread of HIV. This lack of condom use is attributed to the laborers' attitudes and fears about condoms. The following articles will examine this crucial issue of condom use among Hispanic men.

Reiss and Leik (1989). The importance of condom use is addressed by Reiss and Leik (1989). According to their research, the use of condoms is a more

effective strategy for AIDS prevention than even reducing the number of one's sexual partners. In theory reducing the number of partners seems to reduce one's risk, but the research shows that those who focus on one partner do not use condoms. For example, a person may have a series of three monogamous relationships over a few years, but is still a high risk because condoms are not used. Reiss and Leik (1989) state, "all our calculations show that with less than five partners, people will have reached nearly maximum risk under most circumstances, " (p.432). Another factor that increases this risk in monogamous relationships is occurrence of infidelity. This study also noted that a prevention campaign advocating fewer partners or abstinence might seem unobtainable to young people (Reiss & Leik, 1989). These researchers recognized the importance of a realistic prevention plan that takes into account not only the best prevention strategy, but one to which people will most likely adhere.

VanOss Marin, Gomez, and Tschann (1993). Because condom use is so important to the decrease of HIV risk, there is a significant body of literature addressing this prevention method. One such study was undertaken by the Center for AIDS Prevention Studies concerning condom use in Hispanic males. In this study researchers conducted phone surveys with Hispanic males (N=968) between the ages of 18 and 49 years old to identify predictors of condom use by those men with their secondary female sexual partners (VanOss Marin, Gomez, & Tschann, 1993). From this sample, 361 (37.8%) reported having at least one secondary sexual partner in the past year. The cultural distribution of the men

sampled was as follows: Mexican (37.4%), Puerto Rican (23.5%), Dominican (15.8%), and other (23.3%) (VanOss Marin, Gomez, & Tschann, 1993).

These men were administered a survey which took an average of 24 minutes to complete and included items on frequency of using and carrying condoms, self-efficacy to use condoms, negative beliefs about condoms, sexual comfort, number of friends using or carrying condoms, HIV knowledge, demographics, acculturation, and attitude towards condom use with a secondary partner. In addition to these variables, the Center for Epidemiologic Studies Depression Scale was utilized to measure depression. According to a least squares regression analysis several significant variables emerged as "predictors" of condom use with secondary sexual partners. These variables included carrying condoms (R^2=0.32 $p<0.001$), self-efficacy to use condoms (R^2=.22 $p<0.001$), friends use condoms (R^2=0.14 $p<0.01$), positive attitude towards condom use (R^2=0.12 $p<0.05$), depressive symptoms (R^2=-0.10 $p<0..05$), and knowing someone with HIV or AIDS (R^2=0.10 $p<0.05$) (VanOss Marin, Gomez, & Tschann, 1993).

The results of the survey showed that men who carried condoms, reported condom self-efficacy, had a positive attitude towards condom use, had friends that used condoms, knew someone with HIV or AIDS, and who did not report signs of depression the week prior to the survey were more likely to use condoms with their secondary partners (R^2 =0.35) (VanOss Marin, Gomez, & Tschann, 1993). For these men condom carrying was associated with sexual comfort, a positive attitude towards condoms, and self-efficacy towards condom use (VanOss Marin, Gomez,

& Tschann, 1993). From the results of this study, the researchers hypothesized that embarrassment about sexuality could be a cultural phenomenon that caused discomfort with purchasing condoms, discussing condom use with partners, and seeking condom education. Knowledge of condom use among friends may reduce this embarrassment, causing a feeling of comfort with condom use. Although this study did not provide enough evidence to prove or dispel Carrier and Magana's (1991) assumption that Hispanic men do not use condoms due to their attitudes towards condoms, it did affirm that a positive attitude towards condoms was imperative in predicting usage.

VanOss Marin, Tschann, Gomez, and Kegeles (1993). Another study headed by Barbara VanOss Marin interviewed 938 single people who denied any homosexual and/or bisexual behavior in the year prior to the study (VanOss Marin, Tschann, Gomez, & Kegeles, 1993). This research compared Caucasian and Hispanic men and women in the number of their sexual partners, condom use, attitudes toward condoms, and feelings about AIDS prevention. The researchers interviewed all eligible participants in a household . Households were selected from the 16 census tracts of San Francisco, with a response rate of 64% (VanOss Marin, Tschann, Gomez, & Kegeles, 1993).

Participants were interviewed using an assessment of recent sexual behavior, a variety of attitude measures, and demographic information. Acculturation was measured by the chosen language of the participant. The researchers used several 3x2 analyses of covariance in order to assess correlation

between variables. According to the findings, women had more positive attitudes toward condom use (F [1, 764] = 35.80, p <.0001) with Caucasian women having a significantly more positive attitude than Spanish-speaking Hispanic women (F [2, 764] = 4.43, P < .02). The Spanish-speaking Hispanic women carried condoms less often and used them less frequently than any other group (VanOss Marin, Tschann, Gomez, & Kegeles, 1993). Spanish-speaking Hispanic men were the most negative about condom use and did not believe they could be effective in avoiding AIDS (F [2, 764] = 68.54, P < .0001) (VanOss Marin, Tschann, Gomez, & Kegeles, 1993). Of all the groups studied, researchers observed that Spanish-speaking Hispanic men were the most negative about condoms (VanOss Marin, Tschann, Gomez, & Kegeles, 1993). More than one third of the Spanish-speaking Hispanic men and more than half of the English-speaking Hispanic men reported multiple sex partners (VanOss Marin, Tschann, Gomez, & Kegeles., 1993). The researchers noted their concern for Hispanic women, for they seemed to be at particularly high risk due to the combination of low condom use and the common practice of multiple sex partners among Hispanic men. These concerns are legitimate and need to be addressed in AIDS prevention programs. Despite this study's single measure of acculturation (language preference), this research seems appropriately validating of the first premise regarding Hispanic males' negative attitudes toward condom use.

Steers, Elliot, Nemiro, Ditman, and Oskamp (1996). Steers, Elliot, Nemiro, Ditman, & Oskamp (1996) conducted a study using a college student population,

as opposed to the samples studied in the previous literature. In this study (N=424) undergraduate students from six Los Angeles area colleges and universities anonymously completed a questionnaire about HIV/AIDS and sexual behavior. The ethnic distribution of participants was as follows: Hispanic American (16%), African American (8.5%), Euro American (48%), Asian American (21.5%), and other or mixed ethnicity (6%) (Steers et al., 1996).

Items for the questionnaire were taken from previously used instruments such as the Health Belief Model, and other items were constructed and pilot tested (Steers et al., 1996). No further information regarding reliability and validity of the questionnaire items was provided. Questionnaire items asked about the five health beliefs of susceptibility (chances of contracting HIV), severity (belief in AIDS severity), self-efficacy (one's ability to avoid HIV infection), barriers (barriers to safe sex practices), and social support (perceived view of friends). The questionnaire also addressed participants' current sexual behaviors, the extent to which they altered their behavior due to HIV risk, and basic demographic questions. Ninety-four percent of the participants reported being heterosexual, whereas 1.5% reported being homosexual, 1.3% reported bisexuality, and 3.8% reported that they were unsure of their sexual orientation.

When participants of all ethnicities were treated as a homogeneous group, the measures of the Health Belief Model predicted almost all behaviors at a level that was greater than chance, but when each group was examined separately the results appeared very different (Steers et al., 1996). For Hispanic Americans social

support was a significant "predictor" of current condom use ($R^2 = .16$, $p<.07$; $B = .36$, $p<.07$). This study contributes to the current examination of the literature by confirming the importance of social support in condom use as suggested by VanOss Marin, Gomez, and Tschann (1993). Also susceptibility predicted increased condom use ($R^2 = .39$, $p<.01$; $B = .50$, $p<.01$) for those Hispanic Americans surveyed (Steers et al., 1996).

The researchers used a one-way analysis of variance for each type of health belief and HIV/AIDS knowledge, but found no significant differences between the ethnic groups (Steers et al., 1996). Surprisingly, there were no significant differences in high-risk sexual behaviors between ethnic groups, which is inconsistent with the predominant research and recent CDC (1995) reports that indicate Hispanics and African Americans show higher rates of AIDS infection than other ethnic groups. The researchers hypothesized that this finding is contrary to current literature due to the population sampled. In other studies, (Stein, Nyamathi, & Kington, 1997; Flaskerud, Uman, Lara, Romero, & Taka, 1996; and Wolitski et al., 1996), Hispanics of lower education and socioeconomic status have been surveyed, whereas this study focused solely on college students. The difference in educational status is a variable worth examining further.

Bogart, Cecil, and Pinkerton (2000). The importance of attitude towards condoms was highlighted in a study conducted by Bogart, Cecil, and Pinkerton (2000). They anonymously surveyed 146 people, 75 women and 71 men, about their intention to use the female condom. After obtaining participants from two

community-based organizations, the researchers utilized the Theory of Planned Behavior (TPB) combined with measures of AIDS knowledge to examine reasons participants might choose or decline to use the female condom. The participants were shown a six-minute video about the Reality female condom. They were then administered a self-report survey which was available in both Spanish and English. Eighty percent of the participants chose to complete the Spanish version. The questionnaire contained items from the TPB, demographic measures, questions about the female condom, sexual history, and AIDS knowledge assessment.

The researchers utilized descriptive, association, and inferential statistics to analyze the data. Intentions to use the female condom were significantly correlated with attitudes toward condom use, use of the male condom during last intercourse, and AIDS knowledge (Bogart et al., 2000). The measure of intentions to use the female condom was positively correlated for women with their condom self-efficacy rating (.39 $p<.001$). Together, men and women's intention to use the female condom was significantly correlated (.24 $p<.01$) with the use of the male condom during the last incident of intercourse. AIDS knowledge among the males who were surveyed was negatively correlated with their intention to use the female condom (-.48 $p< .001$). In other words, men with more knowledge of AIDS actually showed a lower intention to use the female condom. The researchers hypothesized that the men with more AIDS knowledge may be more suspicious of a new barrier method such as the female condom (Bogart et al., 2000).

Although this study was statistically thorough, it did not take into account the newness of the female condom. The researchers noted that 94.5% of the participants indicated that they had not used the female condom and only 56.2% reported hearing about the female condom prior to seeing the video (Bogart, et al., 2000) Unfortunately, this variable makes it difficult to generalize the results of this study to factors influencing use of the male condom. This study neither validates nor challenges the premise that Hispanic men do not use condoms due to their attitudes toward this form of protection. The insight provided by this study in regard to the female condom, however, may be useful in learning about resistance/compliance with this new form of protection.

Summary of Premise 1. Several studies were reviewed in order to examine the link between attitudes towards condoms and actual condom use among Hispanics. Reiss and Leik (1989) established the importance of condom use in HIV prevention by showing that even monogamous relationships have risk if condoms are not used. VanOss Marin, Gomez, and Tschann (1993) affirmed that a positive attitude towards condoms is crucial in "predicting" condom use. VanOss Marin, et al., (1993) examined this issue from a different perspective, discovering that Spanish-speaking Hispanic men were most negative about condom use in comparison to English-speaking Hispanic men and Caucasian men. In examining the factors that lead to a positive attitude towards condoms and condom use, Steers et al. (1996) found that social support of condom use "predicts" actual condom use. Bogart et al. (2000) found that intentions to use the female condom

were correlated to attitude towards condom use, use of the male condom during last intercourse, and HIV knowledge. The studies in this section confirmed the first premise's emphasis on condom use. Several studies also tapped into a negativity towards condoms among Hispanics, but recognized that Hispanics with social support of condom use and positive attitudes toward condoms did use them (VanOss Marin, Gomez, & Tschann, 1993; and VanOss Marin, Tschann, Gomez, & Kegeles, 1993).

Premise 2

The second premise to be considered is that lower income, less educated Hispanics are at higher HIV risk than higher income, more educated Hispanics. In Carrier and Magana's (1991) high-risk scenarios, income and education level are a significant factor in the HIV rates in Hispanics. This proposed phenomenon will be examined through the following research.

Flaskerud, Uman, Lara, Romero, and Taka (1996). A study performed by Flaskerud et al. (1996) addressed many possible factors in the high incidence of AIDS in the Hispanic community, including condom use as related to education level. In this study two different samples of women, a survey sample (N = 508) and a focus group sample (N = 55), participated in a survey on sexual practices, attitudes, and degree of HIV knowledge. Both groups were recruited from a waiting room of the Public Health Foundation's nutrition program for Women, Infants, and Children (WIC). The women recruited were considered "low income" by WIC eligibility standards and 86.6% had a household income of less than

$12,000 a year. The cultural distribution of participants was as follows: Mexican (41.2%), Central American (43.3%), South American (4.0%), and other Latino (11.5%). Participants were given a choice between English and Spanish versions of the questionnaire and 87.4% chose the Spanish version (Flaskerud, et al., 1996).

Questionnaires included basic demographic questions, 42 items of the AIDS Knowledge and Awareness Survey , the Sexual Behavior subset of the AIDS Initial Assessment Questionnaire (AIA), the Condom Use subset of the AIA, and an Assimilation to US culture scale (Flaskerud et al., 1996). Questionnaires were pilot tested and validity and internal reliability of the questions were assessed to be appropriate. The researchers went to great lengths to insure that contamination of their results based on the instruments would not occur.

The survey sample (N=508) was administered a pretest, then participated in a psychoeducational intervention including education and counseling regarding HIV transmission and risk (Flaskerud et al., 1996). The participants were then given a posttest two weeks later, and a random sample (N=191) completed a retest one year later. The focus group participants participated in one group interview that lasted 2-1/2 to 3-1/2 hours and was conducted by interviewers who took notes and audio recorded group sessions.

Out of those women surveyed at baseline, 77.1% had not used condoms in the past six months. Upon further analysis, the survey sample displayed differences between condom users and non-condom users. Condom users averaged 8.27 years of education (SD=3.48), whereas non-condom users averaged

9.12 years of education (SD=3.71). Higher levels of education were also associated with an increased variety of unprotected sexual behaviors. (Flaskerud et al., 1996).

Although this study seems to validate that lower income Hispanics are at higher risk than higher income Hispanics due to lack of condom use and inaccurate HIV/AIDS knowledge, it does not confirm the premise that less educated Hispanics are at higher risk. This study indicates that a variety of unprotected sexual experiences were characteristic of slightly more educated participants. Through their use of the survey and focus group format, researchers obtained both quantitative data and qualitative data relative to the sexual practices of low income Hispanic women. This study with its reliable and valid measures provides an important basis for evaluation of the theoretical literature.

Vargas Carmona, Romero, and Burns Loeb (1999). Another study that addresses the second premise was performed by Vargas Carmona, Romero, and Burns Loeb (1999). In this study, the researchers endeavored to discover whether lifetime sexual risk taking was associated with HIV status, demographic features, and cultural factors. They surveyed 121 Hispanic women with the following cultural distribution: Mexican American (56%), Central American (35%), Puerto Rican (8%), and South American (1%). Each participant was interviewed using the Women and Family Project Interview which included measures of demographic characteristics, acculturation, length of time in the United States, citizen status, HIV status, lifetime and current sexual risk taking, number of sexual partners, and variety of sexual practices. Participants were interviewed by bilingual female

interviewers. Out of the 121 women in this study, 87 were HIV positive and 34 were HIV negative. The results of these interviews were analyzed statistically using correlation analysis and multiple regression analysis.

Women who were HIV positive reported more frequent condom use in the past 6 months, more unintended pregnancies, and lower income than the HIV negative women in the study. No significant differences between these two groups on other variables were noted. After a correlation analysis was performed, the number of unprotected pregnancies was associated with HIV positive status, less time residing in the United States, less education, older age and higher number of partners. Also, higher education was associated with greater income, while HIV positive status was associated with lower income. Multiple regression analysis revealed that women who were not U.S. citizens, who were married, and who had lower household incomes reported engaging in more anal sex (Vargas Carmona et al., 1999). The researchers hypothesized from these results that Hispanic women with fewer resources may be a greater risk.

Although this study measured several variables, it did not assess the participant's knowledge of HIV risk through any formal measure. As a result, it is difficult to know whether these Hispanic women were unaware of the HIV risks, or if they were aware and chose not to protect themselves. Also, the researchers noted that the small sample size of HIV negative women was a definite weakness in comparing the two groups (Vargas Carmona et al., 1999).

Despite, the limitations of this study, the research does demonstrate at least a tentative link between HIV status and lower income. The association between education level and HIV risk/status was not established in this study. As a result, this study can be used as a reference point for future research, but should not be considered a primary source of definitive data.

Steers et al., (1996). In looking for further evidence to confirm or disprove the second premise, the Steers et al. (1996) study can be considered. This research was discussed earlier in regard to the first premise. In this study of 424 undergraduate students, high risk sexual behavior was evenly distributed among the various ethnic groups studied. In other words, this sample of college educated Hispanics did not show any higher HIV risk than the Caucasians or other groups in the study.

This study may imply that education is the factor that equalizes HIV risk among all cultures, but this is misleading. It is difficult to isolate the variable of education from other factors that coincide with the college experience. For example, college students are often targeted in HIV awareness campaigns, therefore they may have more knowledge of the risk of HIV. They may also be more confident or comfortable with condom use. College students may be concerned about pregnancy as this might interrupt their education plans, and therefore use condoms as a form of birth control. Also, Hispanics who attend college may be at a higher income level. There are many possible explanations for

the Steers' results, and further study is needed to determine which of these is most reliable (Steers et al., 1996).

Summary of Premise 2. Concerning premise 2, Flaskerud et al. (1996) found that lower income Hispanic women are at higher HIV risk due to lack of condom use and inaccurate HIV knowledge. They were not able, however, to sufficiently establish a link between education and HIV risk. Vargas Carmona et al. (1999) found that HIV positive Hispanic women reported lower income than HIV negative Hispanic women. This study also noted a correlation between number of unplanned pregnancies and HIV positive status, less time residing in the United States, less education, older age, and higher number of partners. Despite several noted limitations of this research, Vargas Carmona et al. demonstrated a tentative link between HIV status and lower income, but there was not enough evidence to establish a direct correlation between HIV status and education. Research performed by Steers et al. (1996) presented evidence that formal education equalized HIV risk between Hispanic and Caucasian college students. In review of the second premise, the studies presented established a tentative correlation between lower income and higher HIV risk. The link between lower education level and higher HIV risk was alluded to, but not fully confirmed.

Premise 3

The third premise that Hispanic women are at high risk due to the sexual experiences of their significant other outside of the relationship is addressed in several articles. Carrier and Magana (1991) hypothesized that secondary sexual

partners are common due to work conditions and other factors. Hispanic women are not only at risk due to the existence of these sexual experiences, but also because they are unaware of their partner's infidelity.

Wyatt, Forge, and Guthrie, (1998). One such article by Wyatt, Forge, and Guthrie (1998) examined family constellation, ethnicity, and HIV risk taking among African American, Hispanic, and Caucasian women. In this study women were recruited by phone in Los Angeles County and were interviewed in person at the subject's choice of either her home, UCLA, or another location. Interviews were tape-recorded and lasted from 3 to 8 hours. The Los Angeles Structured Interview (LASI), consisting of 913 open-ended and closed-ended questions, was used with each of the 835 participants.

Of these 835 participants, the data from 794 participants were used and analyzed. Those participants who were eliminated had missing data on one or more of the measures. Specifics about this eliminated group were not available. Among the participants in the study, 32% were African American, 32% were Caucasian, and 36% were Hispanic women. All the Hispanic participants in this study were of Mexican origin (Wyatt et al., 1998).

Participants were interviewed regarding different variables including sexual risk-taking behaviors, family constellation, demographic variables, perceived HIV risk, perceived mate availability, number of sexual partners over the past year, number of sexual partners over the past 12 years, condom use, and risky sexual behavior within a relationship. The researchers defined sexual risk-

taking, regardless of subject's marital status, as having engaged in one of the following: "having unprotected oral or anal sex, having frequent unprotected sexual intercourse, having more than one heterosexual male partner, having sex with a prostitute, and engaging in prostitution or accepting money for sex" (Wyatt et al. 1998, p.96).

Bivariate comparisons of sexual practices and ethnicity were conducted. The researchers then used multivariate analysis and multiple regression analysis to show the differences and/or the relationships among the rest of the variables. These analyses produced some interesting results (Wyatt et al., 1998).

In comparison to the African American and Caucasian women in this study, Hispanic women were least likely to have engaged in high risk current and past sexual behaviors as defined above (Wyatt et al., 1998). The researchers hypothesized that Hispanic women in relationships may see their monogamy as protective against the threat of HIV. The researchers noted that this protective stance must be considered in light of a woman's past risk taking behaviors and the risk taking behaviors of her mate (Wyatt et al., 1998). The study suggested further investigation into the hidden risks of HIV that may be present among Hispanic women (Wyatt et al., 1998). This research did not prove or disprove the third premise regarding the HIV risk to Hispanic women from their significant other, but it did suggest an explanation similar to Carrier and Magana's (1991) for the rising rate of HIV among Hispanics.

Sabogal and Catania (1996). A recent study performed by Sabogal and Catania (1996) yielded similar results to the study performed by Wyatt et al. (1998). In this research 4,390 heterosexual Hispanics were surveyed over the telephone using the National AIDS Behavioral Surveys (NABS). Participants were selected from "high-risk" cities throughout the United States using a random-digit dialing procedure. Participants were between the ages of 18 and 49, and their cultural distribution was as follows: 8% Cuban, 9% Puerto Rican, 71% Mexican/Central American, and 12% "other" Hispanic (Sabogal & Cantania, 1996).

The questions of the NABS measured HIV risk, HIV testing, condom use, number of sex partners, sexual orientation, ethnicity and ethnic subgroup, acculturation and language use, church attendance, and demographic measures. An analysis of the survey data showed that those at highest risk for contracting AIDS were males (21.6%, $p<.001$), between 18 and 29 (20.4%, $p<.001$) and with an income of less than $10,000 per year (19.7%. $p<.001$), (Sabogal & Catania, 1996). Among the men at risk for HIV, multiple sex partners was the greatest risk factor with 54% of the men reporting secondary partners within the past year. When condom use was further examined, it was discovered that Hispanic men used condoms twice as often with secondary partners (44.7%) than with primary partners (22.4%). Sabogal and Catania (1996) also found that more Hispanic men (40%) reported having an HIV test than did Hispanic women (26.1%).

These results caused the researchers to hypothesize that Hispanic women may be at high risk due to the high-risk behaviors of their Hispanic male partners

(Sabogal & Catania, 1996). A cause for increased concern was the finding that only 26.1% of the women surveyed reported that they had been HIV tested. Researchers believed that, "Hispanic women in stable relationships may be more vulnerable to HIV heterosexual transmission because they are the least likely to protect themselves with STD prevention methods" (Sabogal & Catania, 1996, p. 384). This hypothesis echoes the findings of the Wyatt et al. (1998) study and is consistent with the third premise. Although these researchers did not directly prove this hypothesis, the data from this study seems to lead to this conclusion. This comprehensive study with a large sample was well conducted and analyzed. It appears to be a reliable source of information about the premise at hand.

VanOss Marin, Gomez, and Tschann (1993). The third premise was also addressed in a study by VanOss Marin, Gomez, and Tschann (1993). In this study, 361 Hispanics were surveyed via the telephone. Out of 361 participants, 37.8% reported having at least one secondary female sexual partner within the year. Because the researchers did not include reference groups of men from other cultures, it is difficult to assert whether this percentage is higher in the Hispanic community than other cultures. From this number alone, it can be concluded that secondary sexual partners are common in the Hispanic community, but it can not be said that this practice is exclusive to the Hispanic community.

In an unweighted analysis, 60.1% of the men in the study reported "always" using condoms with secondary partners. A weighted analysis of sampling probability brought this down to a 49.0% consistent condom use

(VanOss Marin, Gomez, & Tschann, 1993). It is difficult to assess whether this level of condom use is adequate to lower HIV risk. Obviously 100% condom use is optimal, but may not be realistic. The researchers did not compare the percentage of Hispanic condom use to condom use by Caucasians and their secondary partners. Such a comparison would be helpful.

Flaskerud, Uman, Lara, Romero, and Taka (1996). One study that addressed the third premise in depth surveyed 508 Hispanic women and interviewed 55 Hispanic women regarding their sexual practices, attitudes, and knowledge in relation to HIV risk (Flaskerud et al., 1996). This comprehensive study was previously presented, but is discussed again here in relation to its finding regarding the third premise.

Thirty percent of the women surveyed reported that their primary partner had other sexual partners (Flaskerud, et al., 1996). This percentage is similar to that of the Hispanic men surveyed by VanOss Marin, Gomez, and Tschann (1993). When asked about their perceived risk of HIV, 12% of the women reported that they were at risk of currently having AIDS and 14% reported that they were at risk of contracting AIDS. For 24% of these women, their perceived risk was related to their primary partner having multiple partners (Flaskerud et al., 1996).

When the 55 interviewed women spoke of their mate's secondary partners, they reported that it is acceptable for Hispanic men to have multiple partners, including male and/or female partners. They explained that, "Hispanic adult men and young men are expected to demonstrate machismo, and this involves having

'all kinds of sex' or 'many pleasures' with 'lots of people'" (Flaskerud et al., 1996, p. 349). The women of this study also reported that men who enjoy anal intercourse "usually cannot have this experience with their wives. Persons available for anal sex are prostitutes (puto(a)s), both male and female, or homosexuals (jotos)" (Flaskerud et al., 1996, p.349). The women also explained that male-to-male sexual behavior was acceptable in situations where the male's female partner is not around. These situations were identified by Carrier and Magana (1991) as labor camps and other work opportunities away from home. In such situations these men would not be considered gay, but would be considered "'normal' macho men" (Flaskerud et al., 1996, p.349). This acceptance by the women of their partner's machismo and secondary partners was prevalent regardless of marital status.

Surprisingly, these women seemed well aware of their mates' secondary partners and high risk behavior. Despite their knowledge, the women in this study seemed to feel at less risk if they were married, and therefore they used condoms less often than unmarried women. In fact, 16.33% of the married women were considered condom users in comparison to 31.60% of the single women who used condoms, and 83.67% of the married women were in the non-condom users category, whereas 68.40% of single women were in this category (Flaskerud et al., 1996). Upon further inquiry about this pattern of condom use, married women reported that they did not use condoms because their partner did not want them to and that condom use is not macho. The researchers hypothesized that it may be more acceptable for a single woman to assert herself and ask for condom use as a

form of birth control. Instead, married women may be expected to have children or at least should not avoid pregnancy (Flaskerud et al., 1996).

The researchers performed a posttest investigation to assess whether the women's condom use increased after they were educated about the risk of HIV. They found that condom use did, in fact, increase after the HIV education was provided. Upon further investigation, the women attributed their increased condom use to pregnancy prevention, not HIV risk (Flaskerud et al., 1996).

This study confirms Carrier and Magana's (1991) third premise that Hispanic women are at high risk due to their mate's sexual experiences with secondary partners. Flaskerud et al., (1996) quantified the high risk of women due to their mate's secondary partner activities, but they also gave the Hispanic women a chance to share their thoughts and feelings about this phenomenon. With their use of lengthy interviews with open-ended questions, the researchers provided qualitative data regarding the HIV risk factors that threaten these women. It may be important not only to obtain the data regarding factors associated with high HIV risk, but also to understand why these risks affect the Hispanic community in this manner. This study used an adequate sample size and appropriate procedures in order to obtain this crucial information.

Mason, Marks, Simoini, Ruiz,and Richardson (1995). One study associated with the third premise that is particularly alarming is the research performed by Mason, Marks, Simoini, Ruiz, and Richardson (1995) where the issue of HIV disclosure was examined. In this study Spanish-speaking Latino men (n=107),

English-speaking Latino men (n=85), and Caucasian men (n=206) were administered a questionnaire about acculturation, distance from parents (in miles), disclosure of sexual orientation, demographic information, medical variables, and disclosure of HIV seropositive status to family, friends, and sexual partners. The researchers explored the reasons for revealing or concealing an HIV diagnosis across cultural groups. Participants were asked about their disclosure to six possible targets including: mother, father, sister, brother, closest friend, and intimate lover. Because not every subject had six possible targets, participants were given a disclosure index based on the percentage of targets disclosed to, removing those who were not applicable. The index increases the weight of each target, the less targets a subject has. In other words, a subject whose parents are deceased and who is without siblings, may wind up with 100% disclosure after revealing his HIV status to 2 targets.

This study recruited participants from the waiting area of two clinics: one was part of a large HMO and the other was a large public health clinic. Both clinics were located in Los Angeles and data were collected between 1991 and 1992. Both men and women were surveyed, but only the results for the men of this study were analyzed (Mason et al., 1995).

In comparison to the Caucasians, the Latinos were less likely to be employed (35.4% vs. 55.3%), less educated (47.9% of Latinos and 9.7% of Caucasians had less than a high school diploma), and less likely to identify as exclusively gay (57.3% vs. 72.8%) (Mason et al., 1995). A univariate analysis of

variance revealed that the Caucasians surveyed informed a significantly larger mean percentage of targets than Latino men did (68.6% vs. 52.2%), ($F(1,396) = 24.53$, $p<.001$). Also, a greater percentage of Latinos than Caucasians (12.0% vs. 3.9%) disclosed their HIV status to none of their possible targets. The Latino group was broken down into Spanish-speaking and English-speaking to examine the association between acculturation and disclosure. Using a regression analysis, it was determined that Caucasians reported significantly more disclosure than did Spanish-speaking Latinos ($B = .26$, $p<.001$), yet there were no significant differences in disclosure between Caucasians and English-speaking Latinos. It should also be noted that there were no significant differences in disclosure between the two Latino groups (Mason et al., 1995).

Mason et al. (1995) hypothesized that Spanish-speaking Latinos had parents living farther away than English-speaking Latinos and Caucasians, therefore they utilized logistic regression analyses to control for this variable. Despite factoring out distance as a determinant of disclosure, results regarding disclosure were not altered significantly between groups.

The researchers also asked open-ended questions regarding disclosure (Mason et al., 1995). When the groups were compared, no significant differences regarding reasons to conceal HIV status were discovered. The researchers did, however, caution that they did not probe further into the participants' reasons for disclosure or nondisclosure. They also did not investigate whether or not these

men had primary and secondary relationships, as examined in other research (Flaskerud, et al., 1996; VanOss Marin, Gomez, & Tschann, 1993).

This study performed by Mason et al. (1995) added valuable information about disclosure of HIV seropositive status among Latino men in comparison to Caucasian men to the body of literature. Results of this study are particularly concerning for the intimate lovers of Spanish-speaking Latino men who may be at risk without knowing it. Given the research indicating that Hispanic men characteristically have primary and secondary sexual partners, the issue of nondisclosure is of great importance.

Summary of Premise 3. The third premise asserts that Hispanic women may be at high HIV risk due to the sexual experiences of their significant other outside of the relationship. Wyatt et al. (1998) found that the Caucasian women surveyed had participated in higher HIV risk sexual behavior than the Hispanic women surveyed. The researchers hypothesized that Hispanic women may be at risk by having unprotected sex within a monogamous relationship, whereas the risk profile of the Caucasian woman is based on several partners or practices such as anal intercourse. Sabogal and Catania (1996) had a similar hypothesis, also noting the high incidence of secondary partners among Hispanic men. They suggested that lack of condom use in the primary relationship leads to high risk for the Hispanic woman who is unaware of the secondary partner. VanOss Marin, Gomez, and Tschann (1993) and Flaskerud et al. (1996) confirmed the high incidence of secondary partners in the Hispanic community. Mason et al. (1995)

demonstrated that Spanish-speaking Hispanic men were less likely to disclose HIV positive status than English-speaking Latino men and Caucasian men. The sum of these studies confirms the third premise that Hispanic women are at high HIV risk due to the sexual experiences of their partners and their lack of condom use with these partners.

Premise 4

The fourth premise to be addressed concerns the influence of specific gender roles and beliefs that may contribute to the high HIV risk in the Hispanic community. The following studies will address the influence of gender roles and beliefs both directly and indirectly.

VanOss Marin, Gomez, Tschann, and Gregorich (1997). In recent research conducted at the University of California-San Francisco, condom use in unmarried Latino men from 10 states was studied (VanOss Marin, Gomez, Tschann, & Gregorich, 1997). The researchers contacted and surveyed Latino men by phone, asking them questions about traditional gender-role beliefs, coercive sexual behavior, sexual comfort, condom self-efficacy, condom social norms, and condom use. Traditional gender-role beliefs referred to one's feelings about appropriate male and female sexual behaviors and was measured by such items as, "Do you think it is dangerous for women to know as much or more about sex than men?" (VanOss Marin et al., 1997, p.461). Coercive sexual behavior, which refers to an attitude of sexual entitlement, was measured by items such as, "Of the times you had sex with a woman during the last 12 months, how often did she initially resist

but then changed her mind?" (VanOss Marin et al., 1997, p.461). The concept of sexual comfort included comfort with one's own sexuality, as well as comfort with sexual issues, and was reflected in items such as, "How would you feel having sex with the lights on?" (VanOss Marin et al. , 1997, p.461). Items such as, "Can you stop and look for condoms when you are sexually aroused?" measured condom self-efficacy (VanOss Marin et al., 1997, p.461). Condom social norms were reflected in three items including, "How many of your closest men friends do you think use condoms with every partner?" (VanOss Marin et at., 1997, p.461). Condom use was assessed by two items inquiring about recent condom use and history of condom use.

This study was not only informative, but well executed and appropriately analyzed. The researchers found that men with more traditional gender-role beliefs reported more sexual coercion, less sexual comfort, and lower condom self-efficacy. Men who reported greater sexual comfort were less likely to use sexual coercion and had stronger sexual norms and reported higher condom self-efficacy (VanOss Marin et al., 1997). According to this research, those Hispanic males who felt comfortable with their sexuality did not coerce/manipulate their partners. Also, those who had friends who utilized condoms were more likely to use condoms themselves. The group that reported coercing their partners was not as comfortable with sexuality and therefore was not as likely to use condoms (VanOss Marin et al., 1997).

Scott, Jorgensen and Suarez (1998). Another study that addressed this premise was performed by Scott, et al. (1998). This recent research was taken from the thousands of calls received by the Centers for Disease Control and Prevention National AIDS Hotline during 1995. From Spanish line calls, the responses of 4,620 consenting callers were analyzed on the basis of several categories including call status, call type, presenting concern, information discussed, risk factors, testing status, HIV status, caller's affect, focus of caller's concern, and referrals. Of this total, 2,264 were male and 2,356 were female with a combined mean age of 28.8 years. Callers were distributed by country of origin as follows: 42.9% Mexico, 20.5% Puerto Rico, 14.0% South America, 10.8% Central America, 4.4% Cuba, 2.9% Dominican Republic, and 4.6% from a country other than those mentioned (Scott et al., 1998).

When the content of the calls was analyzed, different patterns between male and female callers emerged. More males than females (58.6% vs. 47.2%, $x2 = 40.1$, $p < .001$) tended to discuss their high-risk sexual activities whereas more females than males (41.3% vs. 31.5%, $x2 = 32.5$, $p < .001$) expressed concerns about low to no-risk sexual activities such as kissing, contact with dried blood, fingers in the vagina, etc. (Scott et al., 1998). Qualitative data provided more cultural/gender role information. According to the researchers, "many callers, both male and female, seemed to accept the cultural norm that men are not monogamous," (Scott et al., 1998, p. 510). This male role is often referred to as machismo, as the men of the Hispanic community are expected to be sexually

experienced and active. A common situation among male callers was their expressed concern for their wives/girlfriends after engaging in high-risk sexual behaviors with prostitutes, men, or a secondary partner. These male callers also expressed anxiety and guilt for their actions which seemed to be an expression of "familismo", or their desire to protect their family from AIDS.

A common situation among female callers was one in which the wife or girlfriend called the hotline with the knowledge that her male partner had a secondary sexual relationship. These women often called for information, but were unwilling to use a condom due to their partner's resistance. Their cultural values seemed to leave them without much control over sexual practices and protection against sexually transmitted diseases (Scott et al., 1998).

The combination of qualitative and quantitative data from so many participants formed a solid basis for exploration of cultural and gender role issues within the high-risk Hispanic community. The data obtained and analyzed from this study provided support for the fourth premise in regard to HIV risk. The data presented is also consistent with several studies already presented (Wyatt et al., 1998; Sabogal & Catania, 1996; VanOss Marin, Gomez, & Tschann, 1993; Flaskerud et al., 1996) These all suggest that the specific gender role/belief of the Machismo male is a contributing factor in the HIV crisis among Hispanics.

Gomez and VanOss Marin, (1996). Another study performed by Gomez and VanOss Marin (1996) focused specifically on the gender, culture, and power of Hispanic women. This research utilized the random digit dialing technique to

obtain both Hispanic and non-Hispanic participants from nine states. Those chosen for inclusion in this study were 697 women who had had a steady male partner for the year prior to the interview. The interview conducted measured condom use, sexual behaviors, HIV beliefs, and basic demographics. The ethnic distribution of those interviewed was as follows: 513 Latino women and 184 non-Latino Caucasian women (Gomez & VanOss Marin, 1996).

Reported condom use was low for both samples with 67% of the Latino women and 60% of the Caucasian women stating that they had not used a condom with their steady partner (Gomez & VanOss Marin, 1996). The Bonferroni correction for criterion alpha with a .007 level of significance was used to compare the Caucasian women to the Latino women on various measures. Significant differences between the two groups of women were found in level of sexual comfort, HIV knowledge, sexual power, and self-efficacy to use a condom, with Caucasian women displaying a higher value on each variable. The researchers utilized data from both subgroups of women in order to test the relationship between these variables and condom use. They found that positive attitude towards condom use ($B=.27$, $p<.001$), peers' use of condoms ($B=.15$, $p<.001$), self-efficacy to use condoms ($B=.13$, $p<.001$), greater sexual power ($B=.11$, $p<.01$), and worry about contracting AIDS ($B=.09$, $p<.001$) were the significant predictors of condom use among the women of this sample (Gomez & VanOss Marin, 1996).

The researchers hypothesized that condom use is directly related to a woman's sexual power, or the ability to assert her sexual needs (Gomez & VanOss

Marin, 1996). In cultures that hold to traditional gender roles, such as the Hispanic community, cultural norms may prevent a woman from asking her male partner to use a condom. She may even be afraid of his aggression toward her if she asserts herself. In this respect the researchers agree with the fourth premise that traditional gender roles in the Hispanic community affect the rising HIV rate among these people.

Summary of Premise 4. The fourth premise asserts that gender roles and beliefs impact the high HIV risk in the Hispanic community. VanOss Marin et al. (1997) found that men with more traditional gender-role beliefs reported less comfort with condom use and less sexual comfort. Research performed by Scott et al. (1998) showed an acceptance of male infidelity among Hispanic men and women. This gender norm seemed to allow Hispanic men more sexual power. The subject of sexual power was further investigated by Gomez and VanOss Marin (1996) who found that Hispanic women displayed lower levels of sexual comfort, HIV knowledge, sexual power, and confidence regarding condom use than Caucasian women. These studies seem to confirm the fourth premise, illustrating the sexual power of the Hispanic male and the lack of power of the Hispanic woman. Gomez and VanOss Marin (1996) hypothesized that this inequality of sexual power may deter Hispanic women from asserting their sexual needs and asking for condom use. This lack of power, in addition to the accepted infidelity of their male partners, places them at high HIV risk.

Premise 5

The final premise to be considered concerns outreach programs for the Hispanic community. It is asserted in this premise that these programs should increase literature circulation containing the HIV prevention method. This premise assumes that literature circulation is the preferred method for mass communication. The following studies address the issues of effectively communicating to the Hispanic community.

Wolitski, Bensley, Corby, Fishbein, and Galavotti (1996). A study performed by Wolitski, Bensley, Corby, Fishbein, & Galavotti (1996) looked at sources of HIV information among African Americans, Hispanics, and Caucasians. As part of the Centers for Disease Control and Prevention AIDS Community Demonstration Projects, anonymous street interviews were conducted in English in five US cities. This produced a database of 7,024 interviews on which a random sampling procedure was performed. Also, duplicate interviews were discarded. As a result, a set of 4,329 interviews was analyzed, looking at risk behavior, source of HIV information, and ethnicity. The sample consisted of 50% women and 50% men. The ethnic distribution included 58% African American, 21%Hispanic, and 21% Caucasian subjects with a mean age of 32.5 years (SD=9.7). Nearly half (49%) of the sample reported one or more risk factors. At-risk behaviors were broken down into the following four categories "(1) lifetime history of injection drug use, (2) lifetime history of commercial sex work, (3) sexual contact with an injection drug user in the prior 30 days, and (4) for men, lifetime history of anal intercourse with other men" (Wolitski et al., 1996, p.299).

This study showed that participants received HIV risk information from various media sources including television, print, radio, the street, health care agencies, social service agencies, and other sources (Wolitski et al., 1996). Participants also received information from interpersonal sources such as friends and family, someone on the street, a health care provider, social service agency staff member, and other interpersonal sources. Seventy-eight percent of the sample had received HIV information from at least one media source in the three months prior to interview (Wolitski et al., 1996).

The researchers used two repeated-measures multivariate analyses of variance (MANOVAs) to compare groups and their source of HIV information. In comparing men to women, women were more likely to have been exposed to recent HIV information (.80 vs. .75, $F(1,4317) = 36.97$, $p<.001$), (Wolitski et al., 1996). Analysis of ethnicity revealed that African Americans and Hispanics were more likely to have received HIV risk information through television programming and public service announcements than were Caucasians ($F(12,8626) = 9.3$, $p<.001$). A three-way analysis of media source X risk status X ethnicity was performed and showed that at-risk Hispanics and Caucasians were less likely to report receiving HIV information from the television as compared to their low-risk counterparts. In fact, at-risk Hispanics reported receiving HIV information from health-care agencies and "other" sources as opposed to low-risk Hispanics (Wolitski et al., 1996).

This study showed that overall, Hispanics received information from television about HIV risk (Wolitski et al., 1996). The most at-risk Hispanics, on the other hand, seemed to need further interventions as they reported more information from health-care agencies and other sources. This may be attributed to the lack of television access for at-risk, possibly impoverished Hispanics. From this research, television was established as an important method of communication about HIV. Further efforts, however, must be made to reach the particularly high-risk underserved population.

Although television was the medium responsible for most of the HIV education among Hispanics, it was not clear from this research whether this medium was successful in reducing high-risk behavior (Wolitski, et al., 1996). In other words, many Hispanics may have heard the HIV risk message through the television, but they may not have applied it to their situation or even fully understood the implications. Further studies should look at how effective these television programs and public service announcements are in reducing risk behavior among viewers. This study neither confirms nor denies the fifth premise, but it does suggest that there may not be one perfect medium for conveying HIV information.

Scott, Jorgensen, and Suarez (1998). Although the study performed by Scott et al. (1998) was not primarily concerned with examining outreach, the researchers noted that 34.1% of those who called the National AIDS Spanish Hotline heard about the line through television specials or public service

announcements regarding AIDS. The usual call volume for the Spanish line was 129 calls in a 24-hour period. Within 24 hours of the ABC TV special "In a New Light, 95" hosted by Hispanic actress Rosie Perez, the hotline received almost 2000 call attempts. Brochures, flyers, and other written materials were another referral source for the hotline, prompting 18.2% of the calls. The telephone book or directory assistance also referred 12.8% of the hotline calls.

This study by Scott et al. (1998) illustrated the power of television on the Hispanic audience. As with the previous research, this study does not confirm or deny the fifth premise, but the two studies combined stress the importance of television as a way to communicate about HIV/AIDS. This medium should not be overlooked, but should be utilized by prevention and outreach efforts.

Stein, Nyamathi, and Kington (1997). A study by Stein, Nyamathi, and Kington (1997) examined the effectiveness of two community-based AIDS interventions as forms of communication about HIV risks. These programs targeted African American and Hispanic women living in shelters or drug treatment programs. These women are typically overlooked in the research and represent a very hard to reach population. In this study, 175 women participated in a specialized intervention program and 209 women participated in a shorter, basic program.

The women selected for this study were chosen by directors of homeless shelters and recovery programs (Stein et al., 1997). Researchers conducted 60 minute in-person interviews for which participants were paid $5. There were 353

African American women involved in the study and 31 Hispanic women. These women then participated in either the specialized or the basic intervention program. Baseline and posttest data were compared on the following variables: unprotected sexual behavior, drug use, high risk drug-related behaviors, and illegal activities. Researchers found that women in both groups reported significant improvements in five areas. These women reported decreases in unprotected sex, cocaine use, heroin use, high-risk drug-related activities (such as sharing needles), and illegal activities (such as prostitution) (Stein et al., 1997). Although researchers had predicted that the women in the specialized group would show more improvement than the basic group, they suggested that, "the fact that women in both programs reported significant improvement in all behavioral variables may be related to the presence of a caring health care professional in her own community of the same ethnicity as the client, who was willing to hear the concerns related to physical and psychological security, and financial woes" (Stein et al., 1997, p. 530).

Despite the small representation of Hispanic women in this study and the drug use/recovery extraneous variables, this study offers some insight into the intervention issue. Because both groups of women were successful in very different programs, the researchers attributed the successful communication of HIV information to the relationships formed with the women in the intervention programs (Stein et al., 1997). This is an interesting deviation from the focus on mass media communication found in the previous studies. This research

highlighted the efficacy of a more personal, culturally sensitive approach to outreach.

Summary of Premise 5. The research done by Stein et al. (1997); Wolitski et al. (1996); and Scott et al. (1998) challenged the fifth premise that outreach programs should be based on increasing literature circulation. Instead, the above studies show the benefits of other means of communication, including mass media, in attempts to educate the Hispanic community about the dangers of high risk activity and HIV. Although, it was not demonstrated that literature circulation is an ineffective method, these studies demonstrate that such a narrow outreach focus would not be beneficial to the Hispanic community.

Conclusion

Five premises as extrapolated from Carrier and Magana (1991) were examined in light of the current literature on the HIV epidemic among the Hispanic community. These five premises served as the structure in which to examine the rising rate of HIV among Hispanics. The first premise, that Hispanic men do not use condoms due to their negative attitudes towards condom use, and the second premise, that lower income, less educated Hispanics are at higher risk of HIV, were given tentative support throughout the literature. The third premise, that Hispanic women are at high risk due to the sexual practices of their mates, was confirmed by the current literature. Studies utilizing both qualitative and quantitative data were most helpful in examining this premise. The fourth

premise that traditional gender roles and beliefs, including the Machismo attitude, are contributing factors to the high risk of HIV in the Hispanic community, was also supported. Like the evidence for the third premise, research methods helped to clarify the effects of cultural factors on HIV risk. The fifth premise, that outreach programs should focus on increasing literature circulation to increase HIV awareness, was challenged by research demonstrating the efficacy of other significant forms of outreach. The literature examined the influence of mass media, such as TV, as well as the role of interpersonal communication and more personal support methods.

The literature reviewed provides significant insight into the problem of the Hispanic AIDS crisis. Studies continue to show an overrepresentation of AIDS in the Hispanic community, indicating a need for greater efforts in the areas of outreach and prevention. Research on this topic can help identify the obstacles in addressing this problem. Until the percentages show a decline in Hispanic HIV rates, the research should continue to examine the issues surrounding HIV rates among the Hispanic community. Although the research has come a long way, there is still more to be done.

One area to consider for further examination is the most effective method to increase condom use among Hispanic males. Researchers might construct pilot programs that associate condom use with Machismo to see if condom use increases. Such a pairing might be accomplished with the help of a popular Hispanic television personality or sports figure. With studies showing the

connection between social support of condom use and actual condom use, the impact of celebrity social support should be examined.

Another possible area for study is to further examine the tentative link between lower income and less education and higher HIV risk. The research has failed to establish whether lack of money and education lead to a lack of HIV information or if less educational and economic resources equate to less power in gender and/or sex roles. These explanations should be explored as well as other possibilities for the tentative connection between economic and education status and HIV risk. This distinction is necessary in working towards overcoming the barriers to HIV prevention.

Due to the established high risk among Hispanic women, studies examining more intervention programs with this special population should be initiated. Attempts to equalize women's roles in the Hispanic community may not be realistic or feasible, but increasing women's comfort with condom use and empowering women to ask their partners to use condoms might decrease HIV risk. Community programs targeting Hispanic women could be a possible intervention strategy. Also, increasing women's exposure and comfort with condoms should be attempted by placing condom machines in common areas, such as grocery stores and laundry facilities.

Researchers should also look at traditional gender roles across different samples, including Hispanics living in Mexico vs. Mexican Americans. The research repeatedly shows differences between Spanish-speaking Hispanics versus

English-speaking Hispanics on various risk factors. The reasons for these differences should be analyzed further.

Finally, outreach programs should be a primary focus of research, and of community intervention. Such outreach programs should be informed by the current research as well as flexible to the specific needs of various Hispanic populations. Studies that provide both qualitative and quantitative information for researchers appear to be the richest source of information.

REFERENCES

Bogart, L. M., Cecil, H., & Pinkerton, S. D. (2000). Hispanic adults' beliefs, attitudes, and intentions regarding the female condom. Journal of Behavioral Medicine, 23 (2), 181-206.

Carrier, J. M. & Magana, J. R. (1991). Use of ethnosexual data on men of Mexican origin for HIV/AIDS prevention programs. The Journal of Sex Research, 28, 189-202.

Centers for Disease Control. (1981). Kaposi's sarcoma and pneumocystis pneumonia among homosexual men - New York and California. Morbidity and Mortality Weekly Report, 30, 250-252.

Centers for Disease Control (1994). HIV/AIDS Surveillance Report 6,2, 16-17.

Centers for Disease Control (1995). HIV/AIDS Suveillance Report 7, 1, 11-21.

Cohen, I. (1987). A brief history of AIDS. In J. D. Durham & F. L. Cohen (Eds.), The person with AIDS: Nursing perspectives (pp.1-8). New York: Springer Publishing.

Flaskerud, J. H., Uman, G., Lara, R., Romero, L., & Taka, K. (1996). Sexual practices, attitudes, and knowledge related to HIV transmission in low income Los Angeles Hispanic women. The Journal of Sex Research, 33 (4), 343-353.

Gomez, C. A. & VanOss Marin, B. (1996). Gender, culture, and power: Barriers to HIV-prevention strategies for women. The Journal of Sex Research, 33 (4), 355-362.

Mason, H. R. C., Marks, G., Simoini, J. M., Ruiz, M. S., & Richardson, J. L. (1995). Culturally sanctioned secrets? Latino men's nondisclosure of HIV infection to family, friends, and lovers. Health Psychology, 14 (1), 6-12.

Reiss, I. L. & Leik, R. K. (1989). Evaluating strategies to avoid AIDS: Number of partners vs. use of condoms. The Journal of Sex Research, 26 (4), 411-433.

Sabogal, F. & Catania, J. A. (1996). HIV risk factors, condom use, and HIV antibody testing among heterosexual Hispanics: The National AIDS Behavioral Surveys (NABS). Hispanic Journal of Behavioral Sciences, 18 (3), 367-391.

Scott, S. A., Jorgensen, C. M., Suarez, L. (1998). Concerns and dilemmas of Hispanic AIDS information seekers: Spanish-speaking callers to the CDC National AIDS Hotline. Health Education and Behavior, 25 (4), 501-516.

Steers, W. N., Elliot, E., Nemiro, J., Ditman, D., & Oskamp, S. (1996). Health beliefs as predictors of HIV-preventive behavior and ethnic differences in prediction. The Journal of Social Psychology, 136 (1), 99-110.

Stein, J. A., Nyamathi, A., & Kington, R. (1997). Change in AIDS risk behaviors among impoverished minority women after a community-based cognitive-behavioral outreach program. Journal of Community Psychology, 25 (6), 519-533.

VanOss Marin, B., Gomez, C. A., & Tschann, J. M. (1993). Condom use among Hispanic men with secondary female sexual partners. Public Health Reports, 108, 742-750.

VanOss Marin, B., Gomez, C. A., Tschann, J .M., & Gregorich, S. E. (1997). Condom use in unmarried Latino men: A test of cultural constructs. Health Psychology, 16, 458-467.

VanOss Marin, B., Tschann, J. M., Gomez, C. A. & Kegeles, S. M. (1993). Acculturation and gender differences in sexual attitudes and behaviors: Hispanic vs. non-Hispanic white unmarried adults. American Journal of Public Health, 83, 1759-1762.

Vargas Carmona, J., Romero, G. J., & Burns Loeb, T. (1999). The impact of HIV status and acculturation on Latinas' sexual risk taking. Cultural Diversity and Ethnic Minority Psychology, 5 (3), 209-221.

Wolitski, R. J., Bensley, L., Corby, N. H., Fishbein, M., Galavotti, C., & the AIDS Community Demonstration Projects. (1996). Sources of AIDS information among low-risk and at-risk populations in five U.S. cities. Journal of Community Health, 21 (4), 293-310.

World Health Organization (1992). Current and future dimensions of the HIV/AIDS pandemic. Washington, DC: World Health Organization.

Wyatt, G. E., Forge, N. G., & Guthrie, D. (1998). Family constellation and ethnicity current and lifetime HIV-related risk taking. Journal of Family Psychology, 12 (1), 93-101.

VITA

NAME:

Robin Molnar Golson

EDUCATION:

Rosemead School of Psychology Clinical Psychology	Psy.D. (Cand.)
Rosemead School of Psychology Clinical Psychology	M.A. 1997
University Of Hartford Clinical Practices	M.A. 1993
Drew University Psychology	B.A. 1991

INTERNSHIP:

San Bernardino County Department of Behavioral Health San Bernardino, CA	2000 - 2001

PRACTICA:

Solutions Clinic Outpatient Program	1998 - 1999
Charter Hospital Inpatient Program	1998 - 1999
Biola Counseling Center Outpatient Program	1996 - 1998
Pioneer High School School Practicum	1996 - 1996
Hamden Mental Health Center Outpatient Program	1992 - 1993

EMPLOYMENT:

Olive Crest Treatment Centers Case Manager	1994 - 2001